



SHERIFF'S OFFICE, COUNTY OF SUFFOLK, N.Y.
S.T.O.P.P.E.D. PROGRAM REGISTRATION
100 CENTER DRIVE
RIVERHEAD, N.Y. 11901
(631) 852-2200



VINCENT F. DeMARCO
SHERIFF

NAME _____

STREET ADDRESS _____ HAMLET _____ STATE _____ ZIP CODE _____

HOME TELEPHONE NUMBER(S) _____ CELL PHONE NUMBER(S) _____

EMAIL ADDRESS(ES) _____

SEND NOTIFICATIONS TO (IF DIFFERENT THAN ABOVE):

NAME _____

STREET ADDRESS _____ HAMLET _____ STATE _____ ZIP CODE _____

HOME TELEPHONE NUMBER(S) _____ CELL PHONE NUMBER(S) _____

EMAIL ADDRESS(ES) _____

VEHICLE #1:

LICENSE PLATE NO.	YEAR	MAKE	MODEL	COLOR
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VEHICLE #2:

LICENSE PLATE NO.	YEAR	MAKE	MODEL	COLOR
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VEHICLE #3:

LICENSE PLATE NO.	YEAR	MAKE	MODEL	COLOR
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I Wish to participate in the Suffolk County Sheriff's Office S.T.O.P.P.E.D. Program and fully understand that I may receive notification when an enrolled vehicle, while operated by a driver under the age of twenty-one, is stopped by authorities.

Signature: _____ Date: _____

Mail this completed registration form to the address above.

FOR SHERIFF'S OFFICE USE—PLEASE DO NOT WRITE IN THE SHADED AREA